FOR STATE HEALTH DEPT. TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay pease execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		12539 MEDICAL EXAMINER'S CERTIFICATE OF DEATH \$2534
	1.	PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY
	_	MARYLAND / WEST
	1	OCITY OR TOWN (If outside corporate Arhits; c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
N	4	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gire strent address) to, STREET ADDRESS
9		Coloff C Hospital State office VES NO U
	S.	NAME OF DECEASED (Type or print) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (190
N.	5.	SEX OLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ARE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	108	. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT
	7	Valerman Oystering Calvert Q. Md. Country!
	13.	Mary NAME (14. MOTHER'S MAIDEN NAME) MARY NAME Mary NAME Mary NAME
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Ye	es, no, or unknown) (If yes give war or dates of service) 219-14-7579 Strah Tane Tonque, Lusby md.
		18. CAUSE OF DEATH (Enter only one cause per line for (#, (b), and (c).) PART I. DEATH WAS CAUSED BY: ONS T AND DEATH
	6	1 IMMEDIATE CAUSE (a) LILANDEL VICTORIA
		Conditions, If any, which \ (b)
l		gava risa to immadiata (b) cauae (a), atating the DUE TO
		underlying causa last. (c)
	FICATION	PARTAL OTHER SIGNAL CONDITION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		20a. EXTERNAL CAUSE WAS COD. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
	CERT	PRIMARY OF CONTRIBUTING SCAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e-PLACE DE INJURY (Home, farm, 20) (City or town) (Gounty) (State)
	MED	Hour a.m. 9/30 19/2 at work Not While Street, oncolog., etc.) Just Mediat While Street on the Street of the Street
		21. I certify that I took charge of the remains described above, held an autopsy [], Inspection [], Inquiry [], and in my opinion
		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
	S	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
2		EXAMINER'S NAME (Type) H. VV. Wahd Address (Street, city, town, or county) 9/30/66
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) / (State)
7		Buren Sch 3 1966 Middleham Chapel Cemetry, Lusby, Calentia Mo
.)	24.	FUNERAL DIRECTOR Apartic State of the state
	1/	THE HOLDING SOLD VOST WEDNINGS WAS DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

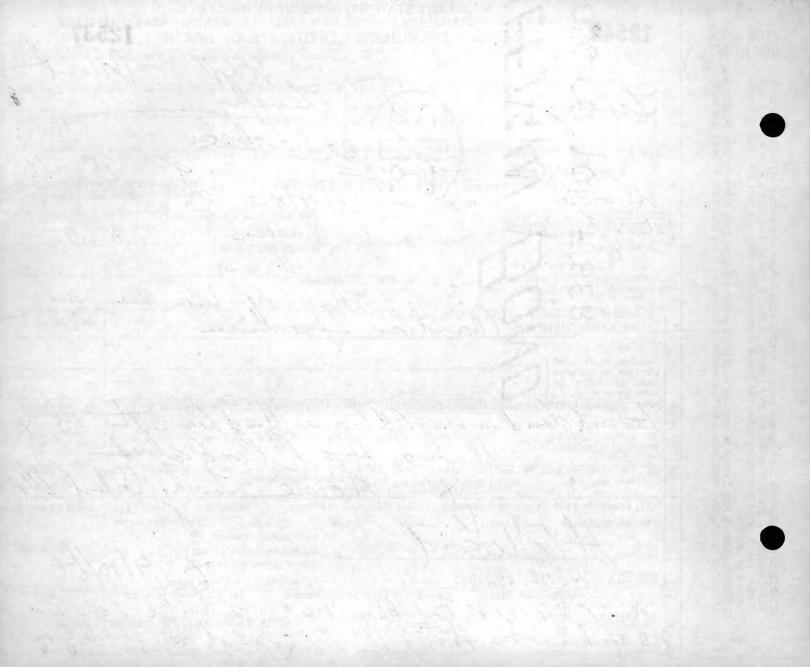
12540 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth completely filled in by the funeral ove carbon papers. Pages 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE and o. COUNTY b. COUNTY Calvert Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Huntingtown 15 days PrinceFrederick. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Calvert County Hospital please remove carbon 3. NAME DF Middle 4. DATE Lost Month Doy Year DECEASED OF DEATH Bassford Carpenter 11 1966 Evans September (Type or print) 9. AGE (In years lost birthdoy)
80 yrs. IF UNDER 1 YEAR S SFX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Hours Male White 9/5/86 and in any WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland
14. MOTHER'S MAIDEN NAME Kank Farmer TI.S.A 13. FATHER'S NAME or removol, Amelia Bassford Thomas Walter Carpenter IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) 220-18-1817 Ida B. Ireland Huntingtown. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit IMMEDIATE CAUSE (o) DUF TO signed ! Conditions, if ony, which gove rise to immediate couse (a), DUE TO for use os the t Health prior to b stoting the underlying couse Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this hasbital) attended the deceased fram. as to year . 19 66 that (1) (we) last 1966, and that death occurred at 3.30AM, from causes and an the date stated above. saw the deceased alive any Feat 10 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Page C. Jett, M.D. Prince Frederick, Md. director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23 DATE THEREOF (Stote) (County) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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AND RESIDENCE AND THE PROPERTY OF THE PROPERTY 45131

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2543 requires that the death certificate be executed within 24 haurs after death death. physician and campletely filled in by the funeral en bladse remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28, D.C. 16 mo +BUdi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) en please remave carban papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Alvert NUKSING Home NO F 3. NAME OF Middle 4. DATE Manth First Lost Day Year DECEASED SUPT. 1966 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Haurs Days DIVORCED D WIDOWED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH encoura IMMEDIATE CAUSE (o) signed by be retained by the haspital or attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the mayning to been of FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p YES NO T 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Haur a.m factory, street, affice bldg., etc.) Not While 19 at wark 21. I certify that (I) (this hospital) attended the deceased from 1966 1946, that (1) (we) lost e, and that death occurred of M, from causes and on the date stated above. sow the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Strector, page 3 DIRECTOR PHYS. M.D. 22d. ADDRESS-22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specify) Wed 0 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 20 M 1/66

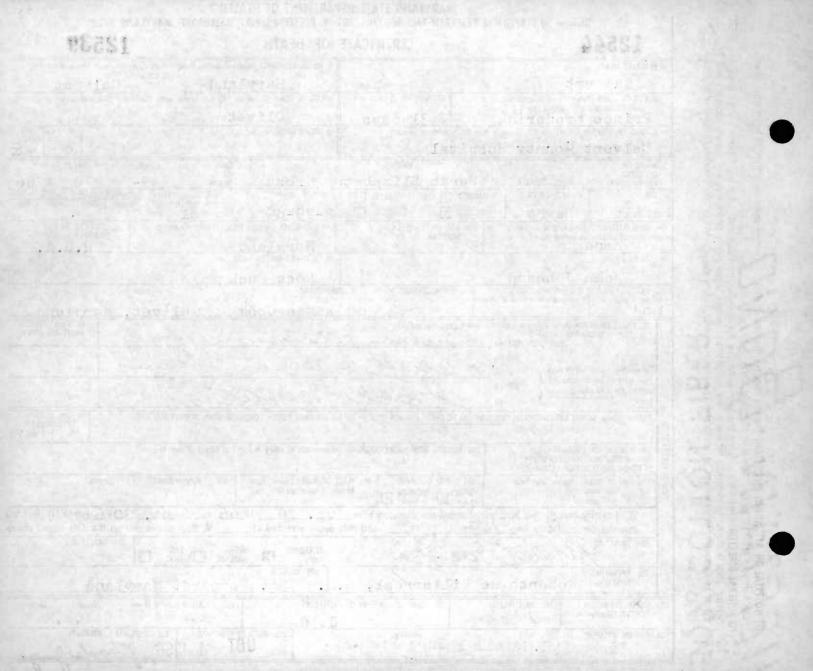
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wri ward	3 should agent, p	AL CE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. City or tofin) (County)	/ (State)
ER: T	3 s age	EDICAL	Hour e.m. While Not While 12crory, street, office bldg., etc.)	V Illa
d be	R: Page ignated	Σ	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , Inquiry , and	d in my opinion
e ce shoul	TOR: design		death resulted/from: Natural causes . Accident, . Suicide . Homicide . Underermined manner	
our our	RECTOR: its design	8	ACTUAL CHIEF MEDICAL EXAMINER (1)	A WATE SIGNED
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E	FUNERAL Health of		EXAMINER'S NAME (Type) Address (Street, city, town, for county)	, 0
please director	4-	23a	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county)	(State)
7	000	24.	1. FUNERAL DIRECTOR 12, 1966 Middle Cam Claped Sucky - Calvert Co -	ATURE
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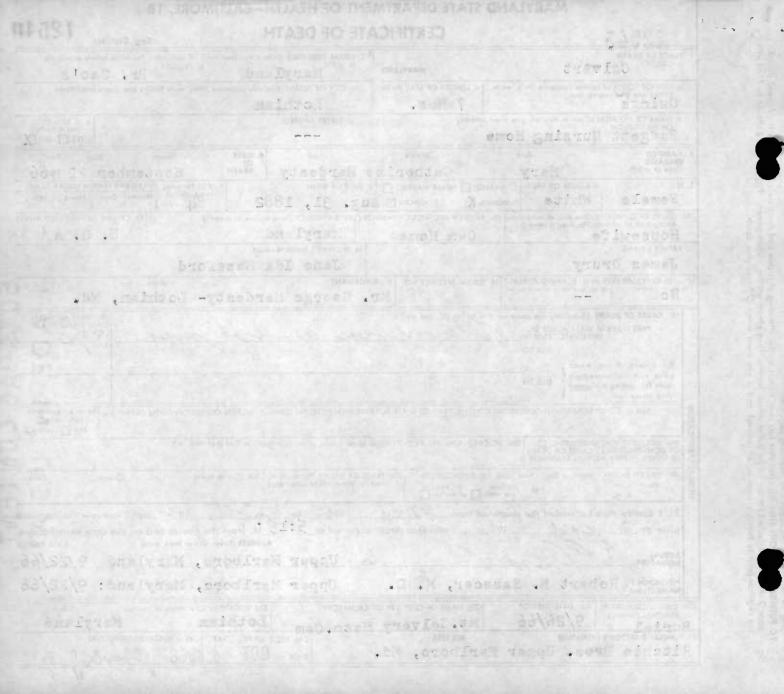
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E TONE		12543			CERTIFICAT			. I DALIMO	125	38
funeral and 2 r death.	1.	PLACE OF DEATH	Н			2. USUAL RESIDE	NCE (Where de	ceased lived, If ins	titution: Residence	before admission)
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hours after d in by the rs. Pages 1		Write RURAL	and give nearest town)			Port R			te KUKAL allu git	e liearest town)
ed ir	05	d. NAME OF HOS	SPITAL OR INSTITUTION (II	not in h	ospital, give street address)	d. STREET ADDRES			(6	ON A FARM?
y fill 24 thin 24			's Nursing I	lome						ES NO X
executed within and completely remove carbon any event, with	3.	NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF DEAT	Month		Year
ted comp	5.	SEX	6. COLOR OR RACE 7.	MARRIED	B.	FACE 8. DATE OF BIRTH	9.	AGE (In years)	5 IFUNDER 1 YEAR	
and emor		Female		IDOWED	DIVORCED 1	fay 14, 18	73	last birthday) 93 yrs.	Months Days	Hours Min.
= ==	10a dur	USUAL OCCUPAT ing most of work	ION (Give kind of work done ing life, even if retired)	10b. K	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE		, or foreign country	12. CITIZEN COUNTRY	OF WHAT
	13.	Funeral FATHER'S NAM	Director			Michig			USA	
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that the death certificate sician. thed by the attending physicial-transit permit. Then ple al, cremation, or removal,			ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	ase per il	at the following of	Palous a	Please	Mo Po	ONS	ET AND DEATH
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aw requires ttending phyy has been sig as the burit prior to buri		Conditions, if gave rise to	Immediate (CR	icenoma.	of es	YM			64
nding bees the ior to		cause (a), si underlying caus								
e law atte e has se as th pr	TION	PART II. OTHER S	GIGNIFICANT CONDITIONS	ONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE COM	IDITION GIVEN IN I	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
I: The all or a fincate for use Health	CERTIFICATION	20a ACCIDENT	WAS HNDERLYING (1 20b F	DESCRIBE HOW INJURY OCCU	IDDED (Enter nature	of Indiana In D	aut I au Daut II a	YE	
ICIAN: The law requires that the death certifica ospital or attending physician. Certificate has been signed by the attending phe hed for use as the burial-transit permit. Then to Health prior to burial, cremation, or removal.	CERT	OR CONTRIBUTI	WAS UNDERLYING CONTROL OF CAUSE OF DEATH (IFY MEDICAL EXAMINER)	200.	PESCRIBE HOW INJURY OCCU	rkkeb. (Enter nature	or injury in r	art i or rart ii o	r item 10.)	
OR ATTENDING PHYSICIAN: The law requires that the setained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the State Dept.	MEDICAL	20c. TIME OF I	INJURY Month, Day, Year		facto	CE OF INJURY (Home,	farm, 20f.	(City or town)	(County)	(State)
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ATTENDIN retained t CTOR: Afi should b			y that (1) (this hospital)	attende		doath accurred at	1964, to	om the causes		at (I) (we) last
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D HOSPITAL Page 4 may FUNCTOR		22c. PHYSICIA NAME (7)	pe) PAGE (1.0	EIT	TRIN	CE,	FRED	ERIC	P
TO HOSPITAL OR ATTENDING PHYSICIAN. The labage 4 may be retained by the hospital or at TO FUNERAL DIRECTOR. After this certificate adirector, page 3 should be detached for use should be filed with the State Dept. of Health	23a	BURIAL, CREM	ATION, 23b DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. L	CATION CIty, to	wn or county)	(State)
	24	Burial		1466	ADDRESS	02d 1 25a. F	EC'D BY REGI	STRAR 25b. RE	GISTRAR'S SIGN	ATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12544 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 ond deoth . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. County Calvert o. STATE b. COUNTY Maryland Calvert and in any event, within 72 hours after MARYLAND filled in by the fu papers. Pages b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Olivet Prince Frederick 31 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital YES NO X 3. NAME OF First Middle remove carbon Lost 4. DATE Month Doy Year DECEASED OF Sarah Elizabeth Emma Gross (Type or print) 66 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours [x Female Negro WIDOWED DIVORCED 2-25-85 10o. USUAŁ OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY ? INDUSTRY physicion Maryland
14. MOTHER'S MAIDEN NAME none 13. FATHER'S NAME attending phys John Johnson Rosa Buck cremation, or rem 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Ella Mae Cook Olivet. Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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DIRECTOR STAFF X M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Roberto Villarreal, de M.D. St. Leonard, Maryland 23o. BURSAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Olivet CalCo_Md Eastern Finkney E. Sewell Fnince Fred. Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley 1966



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2-1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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AMIN certificantide buld bo	210 Certify that Look charge of the remains describe above, neld an Autopsy [], Inspection [], Inquiry [], and in my opinion
EDICAL EXAMINER cute the certific age 4 should be r your files. DIRECTOR: Page it its designated	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
230087	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 32. DATE SIGNED
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0	24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12547 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages I and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY remave carban papers. Pages 1 many event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neglest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street godress) d. STREET ADDRESS 00 YES NO NAME OF Middle First 4. DATE Month Doy Year Lost DECEASED 19 66 (Type or print) DEATH AGE (In years lost birthgay) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired) HOUSTRY tarm Owner armina 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMAN Address WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, of inknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram 1960 and that death occurred at M, from causes and on the date stated above saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. PHYS PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) REDERICH 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 250 REC'D BY REGISTRAR FUNERAL DIRECTOR 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12548 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Cal vert b. COUNTY o. STATE Maryland Calvert MARYLAND ease remave carban papers. Pages 1 and in any event, within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits. write RURAL and give neorest town)
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14. MOTHER'S MAIDEN NAME II S A none ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME crematian, ar remava Barbara Hurdle Haves Thomas 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the attendi burial-transit permit. (Yes, no, ar unknown) (If yes give war ar dotes of service) Forestville, Md. Mabel McLemore 18. CAUSE OF DEATH (Enter only one couse per line) for (o), (b), ond (d).

PART 1. DEATH WAS CAUSED BY:
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FOR S		-	12550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12545
HEALTH	DEPT.		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. STATE b. COUNTY
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any del 2, and PM3.	the 72		NAME OF DECEASED (Type or print) Reserved ARDMiddle LANGE DEATH 9 1966
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form	2 with within		6. COLDR OR RACE 7. MARRIEO NEVER MARRIEO S. SEX 6. COLDR OR RACE 7. MARRIEO NEVER MARRIEO S. SEX 6. COLDR OR RACE 7. MARRIEO S. SEX 6. COLDR OR RACE 7. MARRIEO NEVER MARRIEO S. SEX 6. COLDR OR RACE 7. MARRIEO S. SEX 6. COLDR OR RACE 8. COLDR OR RAC
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4 sho	your mes. IRECTOR: its design		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
	JOE TIES		ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	- C C	2	EXAMINER'S H. W. WARD Address (Street, city, town, of county)
O DEPUTY please ex director.	FUNER FUNER of Healtl		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
OT OF	100	8	Cremetion Sept. 19, 1966 Ceclar Hell Crematory Sulfand Registrar's SIGNATURE
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10 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12546
HEALTH DEPT.	2. USUAL RESIDENCE (Where departed lived, If institution: Residence hefore admission) a. COUNTY b. COUNTY
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MINI d be Page	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
EXA EXA Shoul files. COR: I	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
PICAL te the through our rount record	ACTUAL AC
MEDICA xecute t Page 4 for your	DEPUTY MEDICAL EXAMINER X
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pencil in Itam 11 director. Page 4 should be forwarded to the Chief Medical Examiner's Office a retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page of Health or its designated agent, prior to burial, cremation, or removal, and in	EXAMINER'S NAME (Type) H. W. Ward Address (Street, city, town, or county)
D DEPUTY D DEPUTY D DEPUTY director. retained O FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) Burial Sept. 16-1966 Fort Lincoln Cemetery EXEXAMENTAL Bladensburg, M D.
2 - 2	Burial Sept. 16-1966 Fort Lincoln Cemetery EXAMERICAN BLANCISCO BY REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	Simmons Bros. 1661-Good Hope Road SE. Wash., DC, DATE SEP 16 1966 Charles Judge

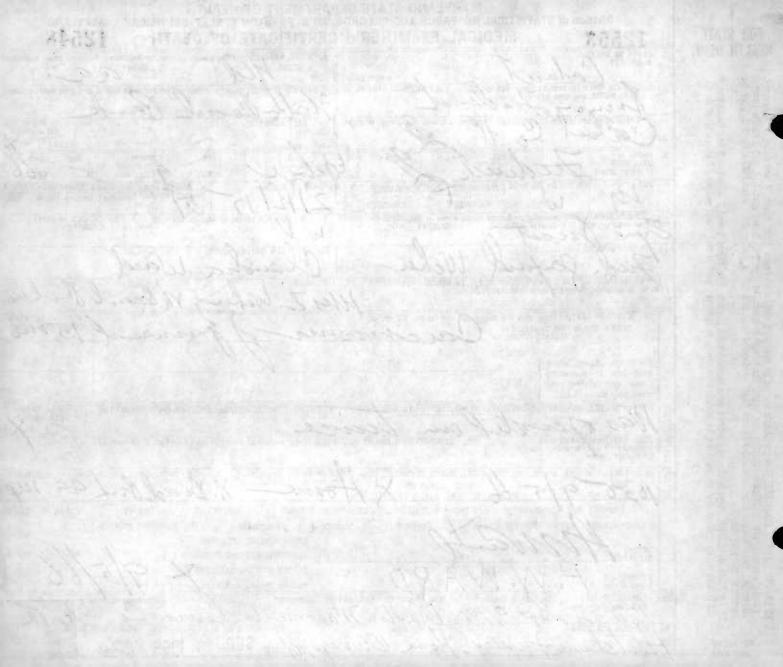
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY within 72 hours after CA DIFRT

D. CITY OR TOWN (if outside corporate limits, MARYLAND MARYIAND ANNE ARUNDEI by the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town PRINCE FREDERICK 38 DAYS TOTH TAN .= papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? YES NO COUNTY HOSPITAL letely carbon NAME OF DATE Month Year First Middle Last 4. Day DECEASED event, DEATH compl (Type or print) CHARLES 1966 OLDRIDGE WAYSON 9 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 8. NEVER MARRIED any MAIE WIDOWED Y DIVORCED -12-88 78 Ξ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR sician 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and POLLAY RETTRED SUDIEY, MARYIAND II-S-A removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME MORGAN MCCAULEY WAYSON MARY ELIEN BIRKHEAD attenda 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unknwn) | (If yes give war or dates of service) death cremation, YES WORLD WAR I KATHERINE PADGETT OWINGS. MD the 18. CAUSE DF DEATH [Enter only one cause_per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit þ PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a signed DUE TO Conditions, if any, which (b) this certificate has been gave rise to Immediate the cr DUE TO cause (a), stating prior underlying cause last, (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO T 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While After be retained by be LTENOING at work at work 19/.4 19.46 that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at// 23 M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S WAME (Type) 22d. ADDRESS director, p MARYIAND GEORGE_J HUNTINGTON. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. rdese VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE MARYLAND any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be Department after death. c, CITY OR TOWN (If gutside corporate/limits, welte RURAL and give nearest town) b. CLY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b NAME OF HOSPITALOR STATUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours NOX YES NAME OF First 4. DATE Month Day DECEASED the OF DEATH (Type or print) 190 2 with within death. If a e Pages 1, ith form P 5. SEX AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED and event 10a. USUAL OCCUPATION Give kind of work done duting most of working life, even if regreed) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 11. Give COUNTRY? after (pages I 13. FATHER'S NAME MOTHER'S MAIDEN NAME File 13 WAS DECEASED EVER IN U. ARMED FORCES? (Yes, no, or unkown) (Wyes givy war or dates of service) 出の 16. SOCIAL SECURITY NO. INFORMAN 17. This certificate should be executed within 29 s, writing the word "pending" in pencil in rwarded to the Chief Medical Examiner's 01 permit. 18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the CO used as a to burial, underlying cause last PART UNOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTAND TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES T NO should be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 shou agent, CAL 20d. INJURY OCCURRED | 20e. MACE OF INJURY (Home, farm, 20f. (State) the certificate, 20c. TIME OF INJURY Month, Day, Year, EXAMINER: Not While 87.716 CTOR: Page designated at work at work and in my opinion V took charge of the remains described above, held an Autopsy Inspection Inquiry O FUNERAL DIRECTOR: - Homicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER Page 4 for your DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** please exdirector. Address (Street, city, town for county) NAME (Type) BURIAL, CREMATION. 23c LECATION (CIty. (Stete) 23a. REMOVAL (Specify) REGISTRAR'S 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15ME 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12554 death. irs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Calvert a. STATE b. COUNTY MARYLAND haurs after Maryland Calvert b. CITY OR TOWN (If gutside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Prince Frederick 7 days Prince Frederick filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and in any event, within 72 Calvert County Hospital YES IN NO be executed within 3. NAME OF Middle remave carban First Last 4 DATE Month Day Year campletely DECEASED John Briscoe Young (Type or print) 19 66 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** B. DATE OF BIRTH lost birthday) Manths Days Haurs 6-11-05 WIDOWED DIVORCED Male White 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Farmer & Carpenter COUNTRY? U.S.A INDUSTRY requires that the death certificate Maryland Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removar, Joseph W. Young Susie E. Hooper 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates af service) 7143 Mary V. Young, Prince Frederick, Md crematian, 1B. CAUSE OF DEATH (Enter only one couse per lineyfor (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause 4 may be retained by the haspital ar attending as the priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health NO K 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice bldg., etc.) While at work at wark 21. I certify That (1) (this haspital) attended the deceased from Sept. 21, 1966, to Sept. 28, 1966, that (1) (we) last and that death accurred ot 9:00 am, fram causes and on the date stated above. saw the deceased dive an 220. SIGNATUR 22b. DATE SIGNED ATTENDING 5 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) George J. Weems. M.D. Huntingtown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d 10 CATION (City or Town) 23o. BURIAL CREMATION REMOVAL (Specify) Ouria ADDRESS 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) Marien 20 M 1/66

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